



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/690,159
		Filing Date	October 16, 2003
		First Named Inventor	Mark A. Michalicek
		Art Unit	2818
		Examiner Name	Thao P. Le
Total Number of Pages in this Submission	11	Attorney Docket Number	AFD 625

ENCLOSURES <i>(check all that apply)</i>	
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD
<input type="checkbox"/> Response to Missing Parts / Incomplete Application:	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	
<input type="checkbox"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	GERALD B. HOLLINS
Signature	
Date	22 March 2005

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	GERALD B. HOLLINS
Date	March 22, 2005

MAR 24 2005

Effective on 12/8/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2005**

 <p>Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEE TRANSMITTAL for FY 2005</p>		Complete if Known	
		Application Number	10/690,159
		Filing Date	October 16, 2003
		First Named Inventor	Mark A. Michalicek
		Examiner Name	Thao P. Le
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Group Art Unit	2818
TOTAL AMOUNT OF PAYMENT		(\$) 600.00	Attorney Docket Number AFD 625

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: AE 01-0465 Deposit Account Name: Department of the Air Force

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of Credit any overpayments
 fee(s) under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100

Multiple dependent claims 360 180

Total Claims

<u>33</u>	- 21 or HP =	<u>8</u>	x	<u>50</u>	=	<u>400</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20								
<u>Indep. Claims</u>	<u>Extra Claims</u>		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>			
<u>5</u>	- 4 or HP =	<u>1</u>	x	<u>200</u>	=	<u>200</u>	<u>360</u>	<u>0</u>

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
_____ x 100 = 0 / 50 = 0 (round up to a whole number) x 250 = 0

4. OTHER FEES

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

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Name (Print/Type)	GERALD B. HOLLINS			Date	

Signature		Registration No. (Attorney/Agent)		Telephone	
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